

03-08-04

36284

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/688,983
		Filing Date	10/17/2000
		First Named Inventor	Jeff Eder
		Group Art Unit	3628
		Examiner Name	Harish T Dass
Total Number of Pages in This Submission	55	Attorney Docket Number	VM-12

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return receipt postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Fee determination record
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jeff Eder
Signature	
Date	03/05/2004

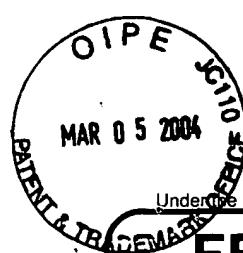
CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

03/05/2004

Typed or printed name	Jeff Eder
Signature	
	Date
	03/05/2004

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 403.00)

Complete if Known

Application Number	09/688,983
Filing Date	10/17/2000
First Named Inventor	Jeff Eder
Examiner Name	Harish T. Dass
Art Unit	3628
Attorney Docket No.	VM - 12

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METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

 Deposit Account:

Deposit Account Number	<input type="text"/>
Deposit Account Name	<input type="text"/>

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	<input type="text"/>
1002 340	2002 170	Design filing fee	<input type="text"/>
1003 530	2003 265	Plant filing fee	<input type="text"/>
1004 770	2004 385	Reissue filing fee	<input type="text"/>
1005 160	2005 80	Provisional filing fee	<input type="text"/>
SUBTOTAL (1) (\$)			<input type="text"/>

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
40	-20** =		20	x 9	= 180.00
4	- 3** =		1	x 43	= 43.00
					=

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		<input type="text"/> 223.00

*or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	<input type="text"/>
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	<input type="text"/>
1053 130	1053 130	Non-English specification	<input type="text"/>
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	<input type="text"/>
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	<input type="text"/>
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	<input type="text"/>
1251 110	2251 55	Extension for reply within first month	<input type="text"/>
1252 420	2252 210	Extension for reply within second month	<input type="text"/>
1253 950	2253 475	Extension for reply within third month	<input type="text"/>
1254 1,480	2254 740	Extension for reply within fourth month	<input type="text"/>
1255 2,010	2255 1,005	Extension for reply within fifth month	<input type="text"/>
1401 330	2401 165	Notice of Appeal	<input type="text"/>
1402 330	2402 165	Filing a brief in support of an appeal	<input type="text"/>
1403 290	2403 145	Request for oral hearing	<input type="text"/>
1451 1,510	1451 1,510	Petition to institute a public use proceeding	<input type="text"/>
1452 110	2452 55	Petition to revive - unavoidable	<input type="text"/>
1453 1,330	2453 665	Petition to revive - unintentional	<input type="text"/>
1501 1,330	2501 665	Utility issue fee (or reissue)	<input type="text"/>
1502 480	2502 240	Design issue fee	<input type="text"/>
1503 640	2503 320	Plant issue fee	<input type="text"/>
1460 130	1460 130	Petitions to the Commissioner	<input type="text"/>
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	<input type="text"/>
1806 180	1806 180	Submission of Information Disclosure Stmt	<input type="text"/>
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="text"/>
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	<input type="text"/>
1801 770	2801 385	Request for Continued Examination (RCE)	<input type="text"/>
1802 900	1802 900	Request for expedited examination of a design application	<input type="text"/>
Other fee (specify) _____			<input type="text"/>

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

180.00

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Jeff Eder	Registration No. (Attorney/Agent)	52,849	Telephone	(425) 483-4425
Signature				Date	3/5/2004

WARNING! Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number
09/688,983

CLAIMS AS FILED – PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
	\$ _____		\$ _____
X \$ _____ =		X \$ _____ =	
X \$ _____ =		X \$ _____ =	
+ \$ _____ =		+ \$ _____ =	
	TOTAL		TOTAL

CLAIMS AS AMENDED – PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Total (37 CFR 1.16(c))	*	Minus	** =
	Independent (37 CFR 1.16(b))	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X \$ _____ =		X \$ _____ =	
X \$ _____ =		X \$ _____ =	
+ \$ _____ =		+ \$ _____ =	
	TOTAL ADD'L FEE		TOTAL ADD'L FEE

(Column 1) (Column 2) (Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Total (37 CFR 1.16(c))	*	Minus	** =
	Independent (37 CFR 1.16(b))	*	Minus	***	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDI- TIONAL FEE
X \$ 9 =	180
X \$ 43 =	43
+ \$ _____ =	
	TOTAL ADD'L FEE

RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
	TOTAL ADD'L FEE

(Column 1) (Column 2) (Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		Total (37 CFR 1.16(c))	*	Minus	** =
	Independent (37 CFR 1.16(b))	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
	TOTAL ADD'L FEE

RATE	ADDI- TIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
	TOTAL ADD'L FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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